The Multi-payer patient-centered medical home stakeholder group

Senator John Wightman and Senator Mike Gloor
Meeting date: Thursday, July 10, 2014, 1:30 to 3:30 p.m.
Meeting place: ***Room 1524***, State Capitol Building, Lincoln, Nebraska

Persons in attendance:

Senator Gloor, David Palm, DHHS; Dr. Bob Rauner, Healthy Lincoln \Sepa \NMA; Sarah Hotovy, SERPA-ACO; Bruce Reiker, NHA; Wende Baker, Electronic Behavioral Health Information Network; Heather Leschinsky, Nebraska Medicaid; Matt Milam, United Healthcare;, Margaret Kohl, Staff Senator Gloor; Roger Keetle, Staff Senator Wightman; Bryson Bartels, DHHS; Margaret Brockman, Office of Rural Health; Dallas Jones, Attorney and candidate for the Legislature; Scott Jansen, Complete Children's Health; Corinna Suiter, Robin Linsenmayer, Arbor Health; Tina Morlan, AHP and Arbor Health; Nicki Behmer, Staff Senator Nordqust.

By Conference call: Dr. Steve Lazoritz, Arbor Health; Mary McConville, CoOportunity Health

Minutes of the meeting

A. Welcome: Senator Gloor welcomed the attendees who then introduced themselves.

B. Anti-trust statement: Margaret Kohl read the antitrust statement to set the rules for the discussion.

C. Milbank Fund request for letter to support extending the Medicare Demonstration:

Unless the current Medicare Demonstration is continued, the seven states currently in the demonstration program will lose Medicare participation while the first three years of the program is evaluated. The Milbank Fund has requested that other states and organizations write letters to CMS in support of the continuation of the demonstration program during the evaluation. After discussion, Dr. Rauner said the organizations he represents would probably be supportive of writing such a letter. Mr. Reiker the Nebraska Hospital Association also stated his organization would send a letter of support.

D. Update on NASHP grant (new application) Margaret Kohl reported that Nebraska is included under another grant from NASHP called “Project Community”. Under this grant for 18 months, Nebraska will have access to NASHP's resources and consultants.

E. Maternity outcome measures committee progress report: Dr. Rauner reported that the committee had met and developed an initial list of measures that include major cost and recognized quality factors. The third major measures are: OB risk screening, timeliness and frequency of prenatal visits and induction of labor.

- A major cost to the Medicaid program is OB complications but the Medicaid managed care companies use different risk assessment forms that ask for varying information. This creates a problem in that OB patients are not assigned to a particular managed

care organization and physician for 2 to 3 months. It would benefit the patients, the physicians and the managed care companies if the form and information was standardized on a common form and used at the initial visit for Medicaid managed care and all OB patients regardless of the payer source.

- Since healthy mothers and babes are a major public health concern and a high cost area, regardless of the payment source, a common risk assessment form and process is very desirable. The Committee anticipates a final product for consideration at the next meeting.

F. Presentation by Dr. Mary Ellen Benzik on PCMH in Michigan:

Dr. Benzik came to Nebraska at the request of the Nebraska lead team for the Nashp grant. Michigan is one of seven states selected by CMS to participate in the MAPCP, the Multi-Payer Advanced Primary Care Practice demonstration. Of the 1000 medical practices in the demonstration, 420 are in Michigan. If the demonstration is successful it will lead to a change in how physicians' are paid in the entire US.

Michigan BC/BS was a leader in providing PCMH for patients with chronic conditions. It developed the information registry and provided at least $200 million for the start up. They transferred the case management functions and the supporting funding over to the state's Physician organizations.

All payers in Michigan joined in except United Healthcare and a system in the Detroit metro area. The Governor and Medicaid agreed to support the budget for the demonstration. The University of Michigan has a major role as: 1.) Administrator and distributor the funds and 2.) holds the data base from all payers and providers.

Major challenges were:

- Get the program up and running to show results within 3 years.
- Train about 400 case managers. This was done by setting up a training program in Michigan.
- Get the physicians' educated about the use of the care managers.
- Get all payers to accept BC/BS designation of PCMHs.
- The demo did not get to select the control group. The control group also uses case managers that use the telephone. The demo must show results that exceed those provided by remote care managers that are not imbedded in the physician’s office.
- Getting the care managers to release patients after they have exhausted their services.
- Getting accurate data to make case for changes to physician practice.
- Implementation was rushed.
- CMS was slow to set the standards or metrics for the program.

Results so far are promising:

- Doctors like treating patients alike and not “bucketing patents” using different programs.
- Doctors are accepting the help of care managers for caring for their patients.
- Medicaid and other payers have agreed to continue to pay for the PCHM even if Medicare participation is lost.

- Data is now available to track poor performance and high cost providers.

Question and answer period:

How did they get all payers to participate?
- Kept the conversation going with reluctant payers.
- Doctors keep asking insurers to participate
- Employers were on the board who, like Kellogg, found ways to encourage additional physician's to participate. i.e. Published annually in the newspapers the physician's participating in the program. This encouraged other physicians to participate and somewhat steered patients to participating physicians.

What about improving quality?
- We learned to focus on certain things, "You can't boil the ocean."
  - i.e. lower back pain. Found over-users of x-rays.

What did you learn about care management:
- Physicians need to know how to use imbedded care managers.
- Really two levels: health coaches and complex managers for patients with chronic conditions.

What are your next steps in Michigan?
- Get all physicians in the program
- Get the patients engaged in their healthcare
- Address the cost of end-of-life care-shift society by advance directives and acceptance of end of life.

G. Information sharing: Nothing was reported.

H. The next meeting will be set after polling the stakeholder for a date in the first half of September.